



*Testing the new ultrasound machine in Kenya with (from left)
Drs. Pallavi, Okun, Brett and Buitendyk*

UofT ObGyn News
- September 30, 2019

Eight months ago the Maternal-Fetal Medicine (MFM) Fellowship Program began at Kenya's Moi University, in partnership with the UofT ObGyn Department. More recently, the MFM Program received a new, state-of-the-art GE ultrasound machine at the Riley Mother and Baby Hospital (RMBH). The purchase of this equipment was made possible through a generous gift from the Warren and Debbie Kimel Family Foundation.

"This will be a game-changer in the quality of obstetrical ultrasound here at Moi," said Dr. Nan Okun, UofT Professor and Head of the MFM Division.

During the last eight months, the MFM fellows, Drs Pallavi and Brett, have made a significant impact on the quality of high-risk maternal-fetal care at the Moi Teaching and Referral Hospital in Eldoret, Kenya.

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The Year of 2018-2019 in Review

“With a daily MFM presence on the wards, we are seeing an improved level of consultation on all high-risk women, more sophisticated planning of comprehensive care and an elevated level of academic teaching of residents, students, nurses and other team members,” said Dr. Okun. The fellows have also been linked to the maternal-fetal rounds at Toronto’s Mount Sinai Hospital with weekly case-based discussions and monthly videoconferencing rounds.

“Our brand new ultrasound is being installed now at RMBH and the quality of obstetrical ultrasounds is only going to improve,” said Dr. Julie Thorne, UofT Lecturer and AMPATH Reproductive Health Team Leader.

Dr. Thorne will be relieved by Dr. Marie Buitendyk, the first UofT fellow doing a combined MFM/Global Women’s Health training program. Dr. Buitendyk recently arrived in Kenya with her family to become the new team lead and will train along with the other Moi fellows.

Learn more about the Riley Mother and Baby Hospital’s 10th anniversary on page 11.

We continue to rely on a group of dedicated faculty and trainees who make our programs possible. Our progress and successes highlight our leadership in this area among academic ObGyn Departments nationally. Our advocacy and global health track record and ongoing commitments are a source of great pride for us all.

Highlights

Our primary global health involvement remains in the Academic Model Providing Access to Healthcare (AMPATH) in Eldoret, Kenya. AMPATH promotes equity and excellence in the care of women worldwide, and seeks to build capacity in care, education and research in sub-Saharan Africa.

‘Leading with Care,’ with philanthropic support, and through other granting agencies, including USAID, Saving Lives at Birth and Grand Challenges Canada, we have co-led and implemented novel as well as proven MNCH activities across a wide catchment area. Through 2018/2019 Dr. Julie Thorne has led our local efforts in the role of Team Leader, where she has focused on developing an adolescent pregnancy program, on advancing comprehensive abortion care training in partnership with IPAS, and on increasing case numbers completed in laparoscopy. Julie will be joining the faculty at Women’s College Hospital in January 2020 in the Divisions of Family Planning and Global Health.

As in previous years, we have enjoyed a rich exchange of trainees and faculty, including two medical students as well as medical student and resident exchanges to Kenya for clinical and research experiences. There were numerous additional presentations at the SOGC ACSM and other international, national and local meetings related to our research program in Eldoret.

In 2019, we were thrilled to have our Maternal-Fetal Medicine fellowship program, led locally by MFM Division Head Nan Okun, become the second clinical fellowship (in any discipline) at Moi University. The first fellowship program at Moi, Gynecology Oncology, was also supported by our department and is entering its 5th year. Drs. Bett Kipchumba and Pallavi Mishra, both on faculty at Moi

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Teaching and Referral Hospital, were enrolled as the first Kenyan MFM fellows. They will receive advanced clinical and ultrasound training supported by a vast group of teachers in Toronto and across Canada, and will participate in relevant research and programmatic development in Eldoret and the wider catchment area. In time, Drs. Bett and Pallavi will form the backbone to teach and train ongoing MFM specialists to serve Eldoret, Kenya and the East African region. Despite challenges from physician strikes in Kenya, our monthly videoconference rounds, made possible through CISEPO's donation of a videoconference facility, continued through the academic year and featured an MFM topic with case examples from MTRH.

Our Toronto and Eldoret-based clinical fellowship for North American ObGyn graduates in Global Women's Health and Equity, based at Women's College Hospital, continues to attract new patients and cater to a population of new Canadians and their reproductive health needs. We also recruited our fellowship candidate for the coming academic year amongst an impressive group of candidates from across North America. Dr Marie Buitendyk showcases novel advances in programming in that she is completing a fellowship in both Maternal Fetal Medicine and Global Women's Health and Equity through the U of T Department. Our resident advocacy rotation, initiated just last year, attracted numerous local and elective residents to participate.

Graduating resident Dr Mutungi was awarded for her ongoing work in global health in her native Uganda through her family foundation and more recently with urogynecology related efforts in Eldoret.

Dr. Rachel Spitzer

Director, Global Health and Advocacy
Department of Obstetrics and Gynaecology
University of Toronto

Honours

In 2017, as an initiative of our Advocacy Committee, we established Departmental Awards to annually recognize a faculty and a graduating resident who have made a significant contribution to social responsibility. The 2019 awards were presented to faculty member Dr. Paul Thistle, who was also the keynote speaker for the graduates, and to Dr. Shambe Mutungi. Dr Thistle was awarded for his career of work and service to the patients of rural Zimbabwe, where he has implemented considerable new initiatives and where he cares for patients with minimal resources and maximal hope, faith and energy. Many of our Toronto trainees have benefited from his teaching.

Reflections from Ten Years of Gynaecologic Oncology Work in Kenya

Dr. Barry Rosen, Past Professor with the University of Toronto's Department of Obstetrics and Gynaecology - May 6, 2019

I have just completed my tenth-year visit to Kenya, a major anniversary for my involvement with the AMPATH program. This program, initiated by Dr. Alan Bocking and led in our department by Dr. Rachel Spitzer, has been a big success in terms of engaging with Kenyan physicians; enhancing care for patients; as well as providing international health electives for UofT medical students, residents and fellows. In addition, it has provided us with opportunities to collaborate with Kenyans in research activities, as well as funding for Kenyan physicians to travel to Canada for further training.

Even though I am no longer at UofT, my identity in Kenya is through Toronto and as a Canadian. So, when I write the word “our”, as in our university, or use “we” please allow me the latitude.

We joined AMPATH in 2008, which as most of you know is a collaboration between North American medical schools, and the Kenyan Moi University and Moi Teaching and Referral Hospital (MTRH). At the time we did not know exactly what our involvement would be or how long we would stay. It's now been 11 years!

AMPATH (Academic Model to Provide Access to Care) is led by Indiana University and through the leadership of Dr. Joe Mamlin and Dr. Bob Einhertz this program is welcoming, engaging, supportive and inspiring. It is also expansive. For example, they are one of the largest HIV/AIDS treatment programs in the world, having delivered care to over 200,000 individuals. In the past nine to ten years they have expanded from HIV to non-communicable diseases



*Dr. Barry Rosen and Dr. E. Omenge Orang'o
(head of ObGyn in Eldoret) at Rift Valley in Kenya*

including cardiac care and hypertension, diabetes and cancer care.

During these past ten years, the University of Toronto Department of Obstetrics and Gynaecology has made significant contributions to this program and has taken a leadership role in woman's health. For example, prior to our involvement Moi University did not have any subspecialty training programs in any fields, including subspecialties like cardiology, GI medicine, or in any surgical subspecialty. That changed because of us and now they have gynaecologic oncology and maternal-fetal medicine (MFM) fellowship training programs. I initiated the gynaecologic oncology program in 2013, with Dr. Nan Okun initiating the MFM in 2018. These are the first two fellowship, subspecialty training programs at Moi University.

I will now reflect on my own experiences in gynaecologic oncology.

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Background for Gynaecologic Oncology

When I first went to Kenya in 2009, there was only one gynaecologic oncologist in the country located in Nairobi. He was a senior individual who was trained in Sweden in the 1970s with what he told me was a three-month observational experience. He practised at the largest hospital in Kenya: Kenyatta Hospital.

In 2009, it was obvious that the cervix cancer was the biggest oncology challenge and almost all women with it presented in advanced stages (3B or 4). At that time little was done for them. Most presented with bleeding, pain, a foul discharge and very low haemoglobin. In general, they would be transfused and discharged, but also advised that they could get radiation in Nairobi. The wait time for radiation treatment in Nairobi, the only centre, was three to four months and very few, if any, had the means to travel and pay for the treatment.

The gynaecologic oncology program initially started as a cervical cancer screening program. From 2009, the gynaecologic oncology program evolved extensively and it now includes cervix cancer screening; surgery for early-stage cervical cancer; and ovarian cancer surgery, while also providing chemotherapy and palliation when necessary. This program now provides comprehensive care for all women with a gynaecologic cancer.

The crowning achievement has been the gynaecologic oncology fellowship that started in 2013. To date, six gynaecologists have graduated and two others are in training. This program is recognized by the Kenyan Obstetrical and Gynecology Society (KOGS) and by the Kenyan Medical and Dental Board, the licensing body in Kenya for physicians. It was also the first gynaecologic oncology fellowship in sub-Saharan Africa, outside of South Africa.

Today there are three trained gynaecologic oncologists at Moi University, one in Kisumu, one in Garissa and one in Uganda, the only gynaecologic oncologist in this country. There are two other gynaecologic oncologists in Nairobi, one who trained in Calgary and the other trained in South Africa.

The gynaecologic oncology program has screened over 80,000 women for cervix cancer. They have done 225 radical hysterectomies and have treated a large number of women with high-risk GTN, ovarian and vulvar cancer. They routinely prescribe paclitaxel, carboplatin, BEP and EMACO, and have weekly tumour boards and journal clubs, while also being members of the International Gynecologic Oncology Society (IGCS). They collect data on all patients they see and treat, facilitated by a data manager who we initially hired and who is now paid through grants. Over the past seven years, they had over six million US dollars in grants, mostly from NIH.

The fellowship was designed to be very similar to fellowship training in Canada, and on a day-to-day basis, they function in a similar way that we do, with tumour boards, etc. The Kenyan gynaecologic oncologists have an excellent knowledge base, are current with the published literature and the fellowship program has become an IGCS recognized site for fellowship training in Africa.

It's truly a remarkable accomplishment in a relatively short period of time. To get where they are today involved a large team of players including many Canadian gynaecologic oncologists who travelled to Kenya to teach. Many others have been involved, but most of the credit goes to the Kenyans themselves who worked hard in their training and who want to make a difference in their country. They are committed to the public sector, which is a sacrifice to their own income by limiting their private practice. Management of this

program has been completely transferred to the Kenyans and we act as educators for fellows and residents.

Issues in Kenya

However, all is not rosy. The incidence and mortality from cervix cancer are still rising in Kenya when it is decreasing in many other parts of the world, including Canada. The increase is happening at the same time that maternal mortality is decreasing. In 2005, the same number of women died from pregnancy causes as died from cervix cancer, roughly 500,000 worldwide. In 2018, worldwide maternal mortality has dropped to just over 300,000, whereas the incidence of cervix cancer rose to 560,000, a significant increase based on Globcan 2018.

This could and will change when the HPV vaccine becomes more available. Right now, it is not widely used because of the cost.


Socioeconomically, the women who get cervical cancer are the same population that die in pregnancy and get HIV. Poverty is by far the most important determinant of health in Kenya, as it is in many countries. Poverty translates into poor access to care, inability to pay for it, and a lack of access to knowledge about healthcare. Cultural barriers exist including reliance on traditional healers in the villages which can play a role in the delay of treatment. Interestingly, after Kenya made prenatal care and hospital delivery free, there was an increase in women who sought to deliver their babies in a hospital setting rather than in the village. Overcoming the cost of care made the difference. In the past three years, Kenya has introduced a national health insurance program (NHIF) at a low monthly cost, which covers all cancer treatment when given in a hospital. This too is changing the landscape such that the

number of patients seeking care is growing rapidly. For example, in 2017 the group at Moi saw 188 cervical cancers and in 2018 that number rose to 342.

Every time I go to Kenya I am always shocked and surprised at the large number of women with cervix cancer. In the clinic last week, 45 patients were seen, more than 20 had advanced cervix cancer and seven were newly diagnosed. One 27-year-old with five children stands out to me because her creatine was greater than 800. Nephrostomy tubes were out of reach financially and, while radiation was possible, chemotherapy was out of the question unless her creatinine could be corrected. It is highly unlikely she will have the funds to travel to Nairobi for radiation, with a wait time now of six to eight weeks to start the treatment.

In the same week, four new patients with cervix cancer were admitted to the hospital because of pain and bleeding, all requiring transfusion. In the hospital, there was also a 16-year-old whose mother refused to let her get chemotherapy in November after being diagnosed with a yolk sac tumour. She was so wasted and had a performance status four that she died from this germ cell cancer, despite getting treatment for it. Another patient admitted, a 22-year-old with heavy vaginal bleeding from a GTN vaginal metastases, was bleeding so heavily that when her case was presented at the tumour board the fellow described the bleeding as torrential. Her haemoglobin was 33, and she survived because of some great care she got from one of the gynaecologic oncology fellows who was called in at two in the morning. All this activity in just one week, can you imagine?

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To provide care to this patient population, which has very complex problems, requires subspecialty training and dedication. I wonder about the rest of Kenya, where there is no gynaecologic oncology expertise. What happens there?

There is no question, collectively we from the University of Toronto have made headway and our successes occurred because of the involvement of many people, support from our university department and our opportunity to integrate into AMPATH. I have led the oncology portion of this and it has been very gratifying, but at the same time frustrating and at times emotionally draining.

We, obstetricians and gynaecologists at the University of Toronto are so good at what we do, you do not realize it until you travel outside and see what others are doing. We, Canadians, have a lot to offer and I would encourage anyone with even a remote interest to give it a shot. I promise you will find it a gratifying. You will gain a firsthand understanding of how women in most of the world live, and you will be grateful that you can give back. It will be an adventure, not an easy one, but it will be one where you will shine because of your training and skills.

New North American Team Leaders Join AMPATH Partnership in Kenya

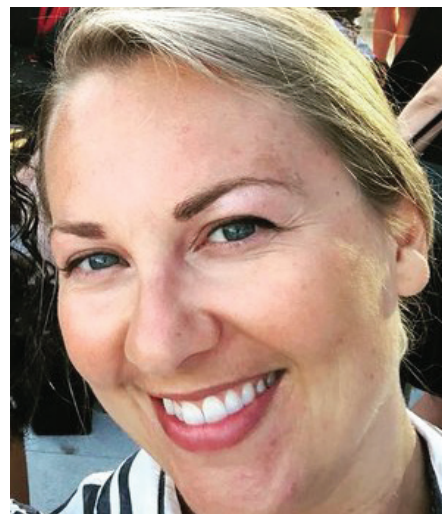
AMPATH News
- July 29, 2019

Four North American physicians join the AMPATH partnership as new team leaders this summer and will work with their Kenyan counterparts at Moi Teaching and Referral Hospital (MTRH) and Moi University School of Medicine to lead in the areas of medicine, pediatrics, surgery and reproductive health.

Faculty members from Indiana University School of Medicine and other AMPATH consortium members have served as full-time team leaders in Kenya since the advent of the Kenyan partnership in 1990. Drs. Marie Buitendyk, JoAnna Hunter-Squires, Caitrin Kelly and Donita Roettcher continue this commitment.

AMPATH team leaders provide clinical care and teach both Kenyan and North American students while also fulfilling research and administrative responsibilities. They typically serve for one year, though many have continued their involvement with AMPATH for additional years or in other global health leadership roles in both Kenya and at their home institutions.

Buitendyk attended medical school at McGill University in Montreal and completed her residency in obstetrics and gynecology at McMaster University. She has completed a fellowship in maternal fetal medicine and global women's health and equity at AMPATH consortium member University of Toronto. She looks forward to joining the team in Kenya in early September. "There is such a great collaboration among colleagues from all over North America and also at a local level. There have been some great initiatives in women's health in particular. I'm very excited to become a part of this community," she said.



*Dr. Marie Buitendyk, AMPATH Team
Leader from University of Toronto
Department of Obstetrics and Gynaecology*

Incoming surgical team leader Hunter-Squires also lauds the cooperative AMPATH environment. "Health care is challenging everywhere, but I do think that with collaboration, education, and some creativity, we can all make our field, and the lives of our patients better," she said. Hunter-Squires attended IU School of Medicine and completed her general surgery residency at IU before completing a breast surgical oncology fellowship at Cedars-Sinai in Los Angeles. While at Cedars-Sinai, she worked with Dr. Armando Giuliano, the pioneer of sentinel lymph node biopsy for breast cancer and she hopes to introduce the procedure to her Kenyan colleagues and patients.

Kelly joins the IU faculty after completing her residency and a fellowship in global medicine at Harvard University and Massachusetts General Hospital. As the medicine team leader, she will be fulfilling a long-term aspiration. "I have wanted to work with the AMPATH program since before I even

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started medical school. I admire the AMPATH program for its long-term commitment to creating a bidirectional global health partnership that puts patient care first,” she said. Kelly received her medical degree from Emory University and also has a master of public health degree in international health epidemiology from the University of Michigan. She has previous experience working in Kenya and speaks Swahili.

Indiana native Roettcher attended IU School of Medicine for medical school and residency and completed a two-month rotation in Eldoret as a pediatric resident. She views the pediatric team leader role as an opportunity to both teach and learn. “Being in Kenya and involved with AMPATH provides unique exposure from a different perspective on all aspects of medicine and health care. I have also always enjoyed teaching both medical learners as well as my patients and their families to enable them to take as much ownership of their health as possible. The team leader role covers the medical and teaching aspects I’m familiar with, while providing opportunities to learn about health systems on national, international and community levels in the context of a different culture,” she explained.

Each team leader brings a unique area of interest and potential growth to the AMPATH partnership based on their background and prior medical experience.

In addition to continuing the work of her predecessors, Buitendyk plans to start a project looking at various blood markers of preeclampsia and the potential to identify women at risk before they become sick. “I’m also very much looking forward to providing teaching in obstetrical ultrasound,” she added.

Hunter-Squires looks forward to working with her Kenyan colleagues in the MTRH Department of

Surgery to develop protocols for improving cancer care. “We plan to start with obstructive jaundice and breast masses, two of the most common diagnoses seen on the surgical ward and clinic,” she said. She will also continue the work of prior surgical team leadership to grow the Advanced Trauma Life Support (ATLS) program throughout western Kenya.

Kelly and Roettcher have already arrived and started their work in Eldoret. Kelly said she “enjoys the challenges of working in a resource-limited setting because it requires creative problem solving from the patient to the health system level. I always learn a lot from local practitioners and their expertise treating diseases that are less common in the United States.”

Similarly, Roettcher is interested in learning about how other cultures, belief systems and traditions guide health care decisions. She hopes to capitalize on this interest to determine how culture and understanding impact antimicrobial use and resistance. She will also examine the most effective way to provide patients’ parents with health care information through the weekly Sally Test Talks presented to parents at Shoe4Africa Children’s Hospital.

Team leaders live at IU House and provide orientation, information and serve as a resource for visiting learners, fellow faculty members and AMPATH guests.

Kenyan Medical Students Excited to Learn with UofT ObGyn



Rashid Makokha (left) and Ronald Kiprotich (right) on front campus

UofT ObGyn News
- August 29, 2019

Every year, the Department of Obstetrics and Gynaecology at the University of Toronto invites two medical students from Moi University in Eldoret, Kenya to Toronto. These students travel to Canada to gain new medical skills on a global level, working at a number of hospital sites in Toronto and interacting with Canadian students, residents, staff and faculty.

This year, we welcomed Rashid Makokha and Ronald Kiprotich to Toronto, both of whom are very excited to grow their skills in medicine.

"I am hoping to learn about the organization of health service delivery, health team integration, and learning opportunities that I will acquire should I choose to specialize in ObGyn," said Rashid.

Ronald is also interested in learning the differences in the Canadian health system. He is looking forward to learning more about "the practice of Obstetrics and Gynaecology in this part of the world", as well as

interacting, exchanging ideas, and gaining new experiences.

Our Department has been hosting Moi University medical students to conduct clinical electives in Toronto since 2008 as a component of our partnership with Moi through the AMPATH Consortium. Rashid and Ronald were offered the opportunity to conduct a clinical elective through the University of Toronto because they are two of their university's top medical students.

Over the next five weeks, Rashid and Ronald will be visiting three hospitals in Toronto. If you happen to bump into them, be sure to welcome them to UofT!

A Decade of Care at Riley Mother and Baby Hospital

AMPATH News
- September 20, 2019

This year marks the 10th anniversary of the Riley Mother and Baby Hospital (RMBH) at Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya. When the mother and baby hospital was dedicated in August 2009, the expectation was that there would be approximately 20 babies delivered per day and up to 7,000 per year. The hospital now averages 40 deliveries per day and 14,000 per year.

Additionally, the neonatal intensive care unit (NICU) has a capacity of 50–60 infants and averages 120 patients each day. Forty percent of these babies are referred from other hospitals or birthing centers from throughout Kenya.

As the number of patients has increased, so have the services and specialties available at the public hospital.

Faculty members specializing in obstetrics, pediatrics, surgery and neonatology are now on staff at RMBH. The cost for maternity services are now covered by the Kenyan government as well.

When Jim Lemons, MD, a neonatologist at Indiana University and Riley Hospital for Children in Indianapolis, and his wife Pam, a neonatal nurse practitioner, began working with AMPATH in 1994 the nursery consisted of three tiny rooms where nurses would care for up to 20 babies. Lemons recalls that 6–8 babies would share one small crib and death by infection and sepsis were common. One of the first upgrades was tearing down the walls and installing rows of wire baskets. “We could put one baby in each basket, so at least they were not touching each other physically,” recalls Lemons. “That was an awesome improvement.”

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After several years working in the cramped and insufficient space, the idea for a new building began to take shape.

“We wanted to create a beautiful facility where patients and nurses could have hope and where faculty and students would be proud to work, do research and practice good care,” said Lemons. “We wanted to build this facility mostly to lift up women and children visibly so that the community would know that the women and children were the priority. We wanted to create something that was the promise of the future.”

Originally, the new RMBH was budgeted to cost \$100,000 (US). Dr. and Mrs. Lemons began fundraising. As the needs grew, so did the budget. In the end, the hospital cost \$2.3 million, all of which was contributed by private donors. “Many people said it was going to be impossible, but we made a lot of friends and we persisted because of those relationships,” said Lemons.

As the hospital neared completion after two years of construction, Lemons realized he had not given any thought to how to equip it. As luck would have it, the aunt of a Riley nurse in Indianapolis was a nun who operated a medical supply organization that repurposed equipment and supplies from the Franciscan Hospitals. Lemons was ultimately able to procure several million dollars in equipment for \$30,000--the cost of shipping three 40-foot containers to Kenya with a matching donation to the organization.

“They unpacked those containers the night they arrived, and the next day they started delivering 20 babies a day,” said Lemons.

After the hospital first opened, the nurses told the Lemons family that many of the poor patients would get visibly angry when escorted to the new labor ward.

The hospital facility was so nice that they thought they were being moved to a private wing and would incur enormous charges.

“The nurses said the greatest joy they had was being able to tell them, ‘No, everyone is treated the same here. Rich or poor, you will get the best of care.’ It was just so tangible of how important it was for poor people to be seen and valued as we should all be,” said Lemons. “That was a reminder for all of us how important it is to have a place, especially around birthing, that is beautiful, safe, and where all are treated equally,” he continued.

Audrey Chepkemai, M.B.Ch.B/M.Med (Paediatric), recently joined the faculty at MTRH as the first board-certified neonatologist. Her interests are improving short-term and long-term newborn outcomes, mentorship, teaching and research. “The AMPATH partnership has benefited the clients at RMBH greatly through infrastructure development, capacity building, donating equipment and daily patient care through prevention of mother-to-child transmission of HIV,” she said. “I am one of the beneficiaries of the partnership. During my M.Med training at Moi University, I had an opportunity to do my external rotation in Riley Children’s Hospital in Indiana. This was an eye opener for me,” she continued.

Rachel Spitzer, MD, MPH, FRCSC, was among the first faculty members from AMPATH consortium member University of Toronto (UofT) to practice reproductive health with Kenyan colleagues in Eldoret. One of the key goals of UofT’s involvement with AMPATH was prevention of maternal morbidity and mortality. “The Riley Mother and Baby Hospital helps us address that key objective,” said Spitzer.

Spitzer, vice-chair of global women’s health and equity at UofT, began working at MTRH before the

new mother and baby hospital was constructed and recalls how the opening of RMBH changed the labor and delivery experience overnight. “The entire labor and delivery area (at MTRH) was the size of half a ward. Women would labor in one area, a couple of women to a bed, and would then deliver in a room with just two delivery beds. Obviously sometimes you would have more than two women delivering at a time,” she recalls. “We went from two beds to 20 beds overnight.”

She cites the proximity to the neonatal unit and direct access to an operating theater as two key benefits to RMBH. Prior to the dedicated facilities, women would have to be moved to the main operating theater if they needed a cesarean surgery. “In a specialty where sometimes the minutes matter very, very much, this gives us the potential to make a huge difference,” Spitzer continued.

“It was indescribable to go from this cramped tiny, tiny space where some of the most critical circumstances play out to suddenly have three floors of space to divide up the different clinical needs,” Spitzer continued. “This has led to a lot of what we have been able to achieve and what follows.”

Sarah Esendi Kagoni, nurse manager of the obstetrics unit (labor ward, antenatal ward, reproductive health, well-baby clinic, postnatal ward and hostels), details the impact that the RMBH has had on patient outcomes. In addition to an increase in the number of deliveries, these include “reduction in the maternal mortality rate, an increase in patient satisfaction, increase in staff satisfaction in terms of working space, many success stories in terms of near misses, and an expansion of other reproductive health services such as family planning and management of different conditions.”

“There are a lot of patients who come in to our facility


in a very bad condition and they require ICU care,” she continued. The most common conditions are acute kidney injury, HELLP syndrome, eclampsia, post-partum hemorrhage and puerperal sepsis. These patients receive aggressive management by a multidisciplinary team. She encourages more doctors to join the new maternal fetal medicine (MFM) fellowship.

The MFM fellowship launched in January 2019 at Moi University/MTRH in partnership with the Departments of Obstetrics & Gynaecology at University of Toronto and at Indiana University. Julie Thorne, MD, MPH, FRCSC, AMPATH reproductive health team leader, said this fellowship will improve management of high-risk pregnancies. This is just one of many educational opportunities that the RMBH has enabled. Thorne also cites the Mmed registrar program in obstetrics and gynecology, and multi-disciplinary emergency obstetrical training programs such as Comprehensive Emergency Obstetric & Newborn Care (CEmONC) and Advanced Labour and Risk Management (ALARM) as examples of ways of improving the standard of care through training.

“Our brand new ultrasound is being installed now at RMBH and the quality of obstetrical ultrasounds is only going to improve,” she continued. “Our Department of Reproductive Health has broader dreams of an Uzazi Centre—a centre of excellence in all women’s reproductive health care, including minimally invasive access surgery, comprehensive urogynecology, endocrinology and infertility, pediatric and adolescent gynecology, in addition to our general obstetrics and gynecology, maternal fetal medicine, and gynecology oncology programs,” she continued.

Han Sitters, a midwife from the Netherlands who provided both care and training for more than a decade

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at MTRH and RMBH, reflects the dedication that helped make RMBH a reality and which continues to drive improvements as the mother and baby hospital enters its second decade. “As a care giver you need to ‘love’ every patient a bit and go all the way to get her the best care, even if that means you need to make longer hours and spend more energy. This is not an office job, so dedication is what one needs,” she concluded.

Chepkemoi said the team in RMBH newborn unit plans to build capacity in the NICU so the newborn unit at RMBH becomes a center of excellence in Africa. They also hope to be able to use data to improve newborn care not only in RMBH, but Kenya at large. Their goals include an outreach program to empower the staff in lower level facilities with information on newborn conditions that can be managed within their facilities to effectively reduce the number of referrals for common neonatal conditions, which would alleviate the high numbers in the newborn unit at RMBH. They are currently working with Moi University in developing a curriculum for a neonatology fellowship program at MTRH which would improve newborn care in Kenya.

Dr. Lemons recently visited RMBH and returned to Indiana with renewed enthusiasm for the advances that the faculty and staff of RMBH continue to make. “They have implemented ventilator care in the NICU along with surfactant administration (to aid in lung development). These are huge new leaps in the level of care,” he praised.

“Seeing how far we have come over the past 30 years, it is clear that caring for each other, letting love lead the way, has been the guiding force,” Dr. Lemons concluded.

Fellow and Residents Create New MFM Fellowship Video

Did you know that we have a Fellowship for Maternal-Fetal Medicine in Kenya?

Check out this video created by our fellow Dr. Marie Buitendyk and residents Drs. Michael Chaikof and Elizabeth Miazga featuring Professor with UofT ObGyn Dr. Nan Okun!

Click the video below to watch!

